

2022 Annual Conference

*Reflect & Refresh: Deepening Understanding and Community Care
September 29th & 30th, Duluth, MN*

General Registration

Name: _____

Organization: _____

Address: _____

City: _____ State: _____ ZIP: _____

E-Mail: _____ Phone: _____

Meal Choice: General Vegetarian Vegan Gluten Free Other: _____

*Accessibility Needs: _____

Registration Type

To confirm member status, please check member list: bit.ly/MCHmember

___ General Registration: \$280

___ Member Registration: \$250

___ Single Day Registration: \$190

___ Single Day Member Registration: \$160

Day of Attendance: Thursday / Friday

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Payment Method

___ I have attached a check with the required amount to this letter.

___ Please send an invoice to my organization.

___ Please charge my credit card using the information below:

Name (Signed): _____

No. _____ Exp: _____ ZIP: _____